

# Health Benefits 2004 Health Benefits 2004 Health Benefits 2004 Health Benefits

## State Health Benefits Program Monthly Premiums

(Effective July 1, 2004 - June 30, 2005)

### For Those Not Eligible for Medicare

Available Statewide	Single (You Only)	Plus One (You and One Family Member)	Family (You and Two or More Family Members)
<b>COVA Care</b>			
Employee Pays	\$32	\$80	\$113
Employer Pays	<u>\$302</u>	<u>\$539</u>	<u>\$790</u>
Total Premium	\$334	\$619	\$903
<b>Additional Coverage Options</b>			
<b>COVA Care Plus Out-of-Network</b>			
Employee Pays	\$40	\$91	\$127
Employer Pays	<u>\$302</u>	<u>\$539</u>	<u>\$790</u>
Total Premium	\$342	\$630	\$917
<b>COVA Care Plus Expanded Dental</b>			
Employee Pays	\$42	\$99	\$143
Employer Pays	<u>\$302</u>	<u>\$539</u>	<u>\$790</u>
Total Premium	\$344	\$638	\$933
<b>COVA Care Plus Vision, Hearing and Expanded Dental</b>			
Employee Pays	\$49	\$112	\$159
Employer Pays	<u>\$302</u>	<u>\$539</u>	<u>\$790</u>
Total Premium	\$351	\$651	\$949
<b>COVA Care Plus Out-of-Network and Expanded Dental</b>			
Employee Pays	\$50	\$110	\$157
Employer Pays	<u>\$302</u>	<u>\$539</u>	<u>\$790</u>
Total Premium	\$352	\$649	\$947
<b>COVA Care Plus Out-of-Network and Vision, Hearing and Expanded Dental</b>			
Employee Pays	\$57	\$123	\$173
Employer Pays	<u>\$302</u>	<u>\$539</u>	<u>\$790</u>
Total Premium	\$359	\$662	\$963
<b>Available In Northern Virginia Only</b>			
<b>Kaiser Permanente</b>			
Employee Pays	\$35	\$84	\$120
Employer Pays	<u>\$302</u>	<u>\$539</u>	<u>\$790</u>
Total Premium	\$337	\$623	\$910

**Employee, Employee on Military Leave, VSDP Short-Term Disability:** Pays the Employee amount

**Retiree Group Not Eligible for Medicare (Retirees, Survivors, VSDP Long-Term Disability):** Pays the Total Premium (VRS-administered health insurance credit may apply)

**Extended Coverage (COBRA) Participant:** For 18 or 36 months, pays the Total Premium + 2%; for 19 to 29 months of disability, pays the Total Premium + 50%.

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